

FILED MAR 16 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State No. 8065

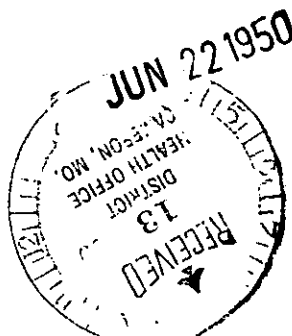
Registrar's No. 21

BIRTH NO. _____		REG. DIST. NO. 75		PRIMARY REG. DIST. NO. 3015		State No. 8065		Registrar's No. 21	
1. PLACE OF DEATH a. COUNTY <u>Clinton</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Clinton</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Cameron</u>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Cameron</u>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Community Hosp.</u>				d. STREET ADDRESS (If rural, give location) <u>123 W Prospect St.</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>James</u> b. (Middle) <u>Cicero</u> c. (Last) <u>McComb</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 24 1950</u>					
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <u>Married</u>		8. DATE OF BIRTH <u>Oct 3 1867</u>		9. AGE (In years last birthday) <u>82</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Merchant</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>mercantile</u>		11. BIRTHPLACE (State or foreign country) <u>East Springfield Ohio</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Thomas McComb</u>				13b. MOTHER'S MARDEN NAME <u>Eliza Stevenson</u>		13c. NAME OF HUSBAND OR WIFE <u>Minnie McComb</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>				16. SOCIAL SECURITY NO. <u>No</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. B.W. Althouse Cameron Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma Stomach</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. INTERVAL BETWEEN ONSET AND DEATH <u>2 yrs</u>					
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from <u>Feb 1, 1950</u> , to <u>Feb 24, 1950</u> , that I last saw the deceased alive on <u>Feb 24, 1950</u> , and that death occurred at <u>325 PM</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>W. K. Kins</u> (Degree or title) <u>MD</u>				23b. ADDRESS <u>Cameron Mo</u>				23c. DATE SIGNED <u>2-24-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>2-26-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Evergreen Cem</u>		24d. LOCATION (City, town, or county) (State) <u>Cameron Mo</u>			
DATE RECD BY LOCAL REG. <u>B-7-50</u>		REGISTRAR'S SIGNATURE <u>Winifred W. Mozery</u>		390		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Poland Funeral Home Cameron</u>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEB 16 1955



STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed Robert F Poland

Licensed Embalmer No. 4777

P. O. Address 222 West 3rd
Cameron MO

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.